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Bib Data Sheet

CONFIRMATION NO. 8877

|                                    |   |                     |                               |                                      |
|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|
| <b>SERIAL NUMBER</b><br>10/662,098 | <b>FILING OR 371(c) DATE</b><br>09/12/2003<br><b>RULE</b> | <b>CLASS</b><br>235 | <b>GROUP ART UNIT</b><br>2876 | <b>ATTORNEY DOCKET NO.</b><br>D-1188 |
|------------------------------------|---|---------------------|-------------------------------|--------------------------------------|

**APPLICANTS**  
 Thomas Mason, North Canton, OH;  
 Barry Watzman, North Canton, OH;  
 Hideo Tatiyama, Sao Paulo, BRAZIL;  
 Milton Luciano Ifuki, Sao Paulo, BRAZIL;

**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/410,535 09/12/2002 and claims benefit of 60/436,833 12/26/2002 *K.N.*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None, K.N.*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**  
**\*\* 12/13/2003**

|   |                         |                     |                    |                         |
|---|-------------------------|---------------------|--------------------|-------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR COUNTRY<br>OH  | SHEETS DRAWING<br>7 | TOTAL CLAIMS<br>60 | INDEPENDENT CLAIMS<br>4 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                         |                     |                    |                         |
| Verified and Acknowledged<br><i>Kim H. Brown</i><br>Examiner's Signature  | <i>K.N.</i><br>Initials |                     |                    |                         |

**ADDRESS**  
28995

**TITLE**  
Paper jam detection apparatus and method for automated banking machine

|                                    |   |   |
|------------------------------------|---|---|
| <b>FILING FEE RECEIVED</b><br>1554 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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